MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 243 Primary Registration District No. 4364 Registrar's No. 66

63-040736 STATE FILE NUMBER

FILED OCT 30 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 6736
2 0600
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4 0
5 3
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7 1
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9 5705
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12 1-2
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Stella
Length of stay in 1b: 2 Days
c. CITY OR TOWN: Rural
Inside Limits: Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Cardwell Memorial Hosp.
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Rocky Comfort
Reside on Farm: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: McDonald

3. NAME OF DECEASED (Type or print): First: JESSE Middle: LeFORGE Last: BLAIR

4. DATE OF DEATH: Month: ~~September~~ OCTOBER Day: 14 Year: 1963

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 1/22/1884
9. AGE (last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (City and state or country): Kansas
12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: HARRIS LeFORGE BLAIR
13b. MOTHER'S MAIDEN NAME: MARTHA MAGGIE HENRY
14. NAME OF HUSBAND OR WIFE: Goldie Seivers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of): Unknown
16. SOCIAL SECURITY NO.
17. INFORMANT: Hospital Records Address: Stella, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Myocardial Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Overwhelming Toxicity
DUE TO (c): Bowel Obstruction & Surgery forSame

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10-11-63 to 10-14-63 and last saw her/him alive on 10-14-63
Death occurred at 1:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): A. D. Fountain M.D.
22b. ADDRESS: Neosho, Mo
22c. DATE SIGNED: 10-16-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 10-16-63
23c. NAME OF CEMETERY OR CREMATORY: Unknown
23d. LOCATION (City, town, or county) (State): Lyons Kansas

24. FUNERAL DIRECTOR ADDRESS: Wm Morris Lopez Wheaton
25. DATE RECD. BY LOCAL REG.: 10-18-63
26. REGISTRAR'S SIGNATURE: Mildred Moberly

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Wm Morris Rogue

Signature of Student Embalmer

Licensed Embalmer No 3442

P. O. Address Wheatland, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.